

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Power PAC		FEC IDENTIFICATION NUMBER ▼ C C00489252	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2020	
Mailing Address 1601 Willow Road		Amount 425.94	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.5994
Purpose of Expenditure social media ads	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate MCCONNELL, MITCH, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 425.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Facebook inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2020	
Mailing Address 1601 Willow Road		Amount 98.61	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.5995
Purpose of Expenditure social media ads	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate MCCONNELL, MITCH, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 524.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	524.55
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mahoney, Heather, Roe, Ms,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2020

Signature

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 PAGE 2 OF 3
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NAME OF COMMITTEE (In Full) New Power PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489252 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 15 / 2020</div> </div>		
Mailing Address 1601 Willow Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">476.56</div>		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.5996 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 16 / 2020</div> </div>		
Purpose of Expenditure social media ads		Category/ Type 004	Name of Federal Candidate MCCONNELL, MITCH, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1001.11</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

Full Name of Payee Facebook inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 15 / 2020</div> </div>		
Mailing Address 1601 Willow Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">267.57</div>		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.5997 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 16 / 2020</div> </div>		
Purpose of Expenditure social media ads		Category/ Type 004	Name of Federal Candidate MCCONNELL, MITCH, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1268.68</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">744.13</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Mahoney, Heather, Roe, Ms,

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2020	
Mailing Address 1601 Willow Road		Amount 42.45	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.5998
Purpose of Expenditure social media ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate MCCONNELL, MITCH, ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 1311.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	1311.13

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